PAGE 1 / 15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auth	orized dominities	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
National Nurses United	for Patient Protection)	
ADDRESS (number and street)	8630 Fenton Street, Suite 110	00	
▼ Check if different			
than previously reported. (ACC)	Silver Spring		MD 20910 - L L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION NU	MBER ▼ CITY	A	STATE ▲ ZIP CODE ▲
C C00490375	3. IS	THIS NEW (N) OI	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 2 Report Due On:	0 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q		0 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	(C) 12-Day	Primary (12P)	K General (12G) Runoff (12R)
October 15 Quarterly Report (Q:	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE	Floation	on 11 08	in the State of CA
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on	in the State of
5. Covering Period 10	01 2016	through 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this		ny knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Kuhl, Martha, , ,		
Signature of Treasurer Kuhl,	Martha, , ,	[Electronically Filed]	Date 10 / 27 / 2016
NOTE: Submission of false, errone	ous, or incomplete information	may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

/ Y Y Y Y Y 2016
B -to-Date
1134044.75
4361458.06
5495502.81
5485606.43
9896.38

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Nurses United for Patient Protection

10 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 100000.00 4256436.94 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 4256436.94 100000.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 7164.00 105021.12 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 4361458.06 107164.00 20. Total Federal Receipts 107164.00 4361458.06 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	10101 11104	Jaionaa Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	25190.00	1057094 95
Expenditures(c) Total Operating Expenditures	25180.00	1057984.85
(add 21(a)(i), (a)(ii), and (b))▶	25180.00	1057984.85
. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	4 4	0.00
and Other Political Committees Independent Expenditures	0.00	0.00
(use Schedule E)Coordinated Party Expenditures	100000.00	4058811.06
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
	4	4 4 4
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	140000.00	368810.52
Federal Election Activity (52 U.S.C. § 30101(20	0))	
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	7 7	4 4
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	265180.00	5485606.43
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2054.00.00	
	265180.00	5485606.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 100000.00 4256436.94 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 4256436.94 100000.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 25180.00 1057984.85 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 7164.00 105021.12 (from Line 15, page 3)..... 38. Net Operating Expenditures 18016.00 952963.73 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 15							
for each category of the	(check only one)	ı						
Detailed Summary Page	11a11b X 11c12	ı						
, c	13 14 15 16 17							
not be sold or used by any person for the purpose of soliciting contributions lress of any political committee to solicit contributions from such committee.								
ion								
anization Name								

	ny information copied from such Reports and Si for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) National Nurses United for Patie	ent Protec	tion	
Α.	Full Name of Individual (Last, First, Middle Init National Nurses United Mailing Address 8630 Fenton Street	ial) or Full Org	ganization Name	Date of Receipt
	Suite 1100			10 18 2016
	City	State	Zip Code	Transaction ID : C10427692
	Silver Spring	MD	20910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100000.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate \	∕ear-to-Date ▼ 4351872.77	
В.	Full Name of Individual (Last, First, Middle Init Mailing Address	ial) or Full Or	ganization Name	Date of Receipt
	City	State	Zip Code	
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	pation (for Individual)	Amount of Each Receipt this Period Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼	
	Full Name of Individual (Last, First, Middle Init	ial) or Full Or	ganization Name	
C.	Mailing Address			Date of Receipt
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate \	∕ear-to-Date ▼	
S	SUBTOTAL of Receipts This Page (optional)			100000.00
7	TOTAL This Period (last page this line number of	only)		100000.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 15			
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
		Detailed Summary Page				
Any information copied from such Reports and sor for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) National Nurses United for Pati	ient Prote	ction				
Full Name of Individual (Last, First, Middle In Outfront Media	nitial) or Full C	Organization Name	Date of Receipt			
Mailing Address 185 US Highway 46			10 03 2016			
City Fairfield	State NJ	Zip Code 07004	Transaction ID: C10398273			
	INU	07004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		7164.00			
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		7164.00	Refund			
Full Name of Individual (Last, First, Middle In	l nitial) or Full C	Organization Name				
Mailing Address			Date of Receipt			
Mailing Address	M = M / D = D / Y = Y = Y					
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General	Aggregate	Tear to Bate 7	1			
Other (specify) ▼		<u> </u>				
Full Name of Individual (Last, First, Middle In	nitial) or Full C	Organization Name	Date of Receipt			
Mailing Address			M = M / D = D / Y = Y = Y			
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing	C		Amount of Each Neceipt this Feriod			
federal political committee.	O .					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify)		7 1 7 1 7 1				
SUBTOTAL of Receipts This Page (optional))	7164.00			

TOTAL This Period (last page this line number only).....

7164.00

S П

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF						F 15				
	EMIZED DISBURSEMENTS		arate schedule(s)		(check only one)								
			category of the Summary Page		X 21b 22 23 26			27					
						28a	28b		28c		29	30b	
	ny information copied from such Reports and State for commercial purposes, other than using the national state of the commercial purposes.												
	NAME OF COMMITTEE (In Full)												
	National Nurses United for Patient	Protecti	on 										
_	Full Name (Last, First, Middle Initial)							, D.					
Α.							M	of Di		D		YIYI	Y
	Mailing Address 1129 20th Street, Suite 200		T				10			7		2016	
	City Washington	State DC	Zip Code 20036				FEC I	dent	ificatio	n Nı	umber		
	Purpose of Disbursement		20030				С		-			- 1	
	Printing & Postage			Ι.					i	ID.	D82207	17	
	Candidate Name			Cate	aor	//					-	nt this P	eriod
					/pe			-	•	-	-		-
		ment For:								_	7	25000.00)
	Senate President	Primary Other (spec	General										
	State: District:	Other (spec	∪iiy) ▼				M	emo	Item				
_	Full Name (Last, First, Middle Initial)												
В.	JP Morgan Chase						Date	of Di	isburse	emer	nt		
						M = M / D = D / Y = Y = Y							
	Mailing Address 350 20th Street	_	T				10 17 2016				_		
	City Oakland	State CA	Zip Code 94612				FEC I	dent	ificatio	n Nı	umber		
	Purpose of Disbursement		Category/					C					
	Bank fee							Transaction ID : D849731					
	Candidate Name											ent this P	eriod
			nent For: Primary General Other (specify)					_	-	_		05.00	
		1						_	_		7	35.00)
	Senate President	_											
	State: District:	Other (spec	ony)				M	emo	Item				
_	Full Name (Last, First, Middle Initial)												
C.	JP Morgan Chase							_	isburse				
	Mailing Address 350 20th Street						10			8	/ Y =	2016	Y
	City	State	Zip Code				FFC I	dent	ificatio	n Ni	ımher		
	Oakland	CA	94612					u c iil	meallo	ıı ıvı	annoel	-	
	Purpose of Disbursement Bank fee					7	С						
	Candidate Name				-	1					D84973		
	Canadato Hamo			Cate Tv	gory pe	//	Amou	nt of	Each	Disl	ourseme	nt this P	eriod
	Office Sought: House Disburse	ment For:		. у	۲۷	\dashv						105.00)
	Senate	Primary	General						-		-	1 45	
	President	Other (specify) ▼					Memo Item						
_	State: District:						Ш.						
8	SUBTOTAL of Disbursements This Page (optional).					•		_	7		75	25140.0	
H													
T	OTAL This Period (last page this line number only	')				•	1 .						

S 17

SCHEDULE B (FEC Form 3X)			TOTT LINE NOWIDETT.					15	
ITEMIZED DISBURSEMENTS	IZED DISBURSEMENTS Use separate schedule(s) (check or			k only one)					
		d Summary Page	X 2		23	26	27		
[3a 28b	28c	29	30b		
Any information copied from such Reports and Stat or for commercial purposes, other than using the n									
NAME OF COMMITTEE (In Full)									
National Nurses United for Patier	t Protec	tion							
Full Name (Last, First, Middle Initial)				5.					
A. JP Morgan Chase				M = M	f Disburse	D / Y		1	
Mailing Address 350 20th Street				10	1	9	2016		
City	State	Zip Code		FEC Id	entification	Number			
Oakland	CA	94612							
Purpose of Disbursement Bank fee									
Candidate Name						ID : D8497			
Candidate Name			Category/ Type	Amoun	t of Each	Disbursen	nent this Per	iod	
Office Sought: House Disburs	ement For:			- .			25.00	.	
Senate	Primary	General			,	,			
State: President State:	Other (sp	ecify) 🔻		Me	mo Item				
Full Name (Last, First, Middle Initial)									
B. JP Morgan Chase				Date of	f Disburse				
Mailing Address 350 20th Street	Mailing Address 350 20th Street					10 03 2016			
City	State CA	Zip Code		FEC Id	entification	n Number			
Oakland Purpose of Disbursement	CA	94612		C					
Bank fee				Transaction ID : D849734					
Candidate Name			Category/ Type		Amount of Each Disbursement this Per			iod	
Office Sought: House Disburs	ement For:		туре	15.00				П.	
Senate	Primary	General							
President	Other (sp	ecify)		│	mo Item				
State: District:									
Full Name (Last, First, Middle Initial) C.				Date of	f Disburse	ment			
				M = M	/ D	D / Y	Y Y Y	1	
Mailing Address				L.	J L.	_			
City	State	Zip Code		FEC Id	entification	n Number			
Purpose of Disbursement				С					
Candidate Name									
Candidate Name			Category/ Type	Amoun	t of Each	Disbursem	nent this Per	iod	
	ement For:			7 L.	-			_	
Senate	Primary	General							
State: District:	Other (sp	ecity) \blacktriangledown		Me	mo Item				
S.d.o.								_	
SUBTOTAL of Disbursements This Page (optional)				1 45		40.00		
				-			25190.00	一	
TOTAL This Period (last page this line number on	lv)						25180.00		

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE			E NUMBER: PAGE 10 OF 15				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	1 `	(check only one)					
		Summary Page		21b 2 28a 2	2 3b	23 28c	26 x 29	27 30b	
And information and all form such David Colors									
Any information copied from such Reports and State or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
National Nurses United for Patient	Protect	ion							
Full Name (Last, First, Middle Initial)				Det		\: = l=			
A. Color of Change				Dat	e of L	oisburse		Y	Υ
Mailing Address 1717 Franklin St Ste 100-136					10	1	8	2016	
City	State	Zip Code		FEG	Iden	tificatio	n Numbe	r	
Oakland Purpose of Disbursement	CA	94612-3407			-	-			
Donation			· · ·						
Candidate Name			Category	ı/ Δm			ID: D84	9727 ement this P	eriod
			Type	, Aiii	Junit U	. Lacii	יייייים אפוים	mont tills F	Jilou
	ment For:					7		25000.00)
Senate	Primary	General							
State: District:	Other (spe	есіту) 🔻			Memo	o Item			
Full Name (Last, First, Middle Initial)									
B. ColoradoCare YES				Dat	e of D	isburse	ement		
					M = M / D = D / Y = Y = Y				
	Mailing Address PO Box 12127					10 19 2016			
City Denver	State CO	Zip Code 80212		FEG	Iden	tificatio	n Numbe	r	
Purpose of Disbursement		00212		C					
Donation					Trans	action	ID : D82	2080	
Candidate Name			Category	// Am	Amount of Each Disbursement this				eriod
Office Country House			Туре					20000.00	
Office Sought: House Disburse Senate	ment For: Primary	General			20000		20000.00	,	
President	Other (spe								
State: District:					Memo	o Item			
Full Name (Last, First, Middle Initial)				Det		\: = l=			
C. Democratic Party of Illinois					e or L	oisburse /		Y I Y I Y	V
Mailing Address PO Box 518					10		8	2016	
City	State	Zip Code		FF) Iden	tificatio	n Numbe	r	
Springfield	IL	62705-0518							
Purpose of Disbursement Non-federal contribution					Trans	saction	ID : D82	2078	
Candidate Name				y/ Am				ement this P	eriod
Office Sought: House Disburse	ment For:		Туре	$ $ Γ				5000.00)
Senate	Primary	General				7			
President	Other (spe	ecify) 🔻			Memo	o Item			
State: District:					.,,,,,,,,,				
SUBTOTAL of Disbursements This Page (optional).								50000.0	0
COLUMN OF PRODUCTION OF THIS I age (optional).				<u> </u>	-	7	7	1 1 4	#
TOTAL This Period (last page this line number only	·)						_		_ [

17

HEDULE B (FEC Form 3X) Some separate capacity (a) FOR LINE NUMBER:				PAGE 11 OF 15			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only one)		00		
		Summary Page	21b 28a		23 26 27 28c x 29 30b		
Any information copied from such Reports and State	mente mou	not be sold or					
or for commercial purposes, other than using the nati							
NAME OF COMMITTEE (In Full)							
$ \; angle$ National Nurses United for Patient	Protect	ion					
Full Name (Last, First, Middle Initial)				Ī			
A. Million Hoodies				Date of Disk	pursement		
				M = M /	D D / Y D Y D Y D Y D Y D Y D Y D Y D Y		
Mailing Address 330 W 42nd Street Suite 900				10	18 2016		
City	State	Zip Code		FEO 12	antine Number		
New York	NY	10036		FEC Identific	cation Number		
Purpose of Disbursement Donation				C			
Candidate Name					etion ID : D822079		
Candidate Name			Category/ Type	Amount of E	Each Disbursement this Period		
Office Sought: House Disburse	ment For:		1,760		25000.00		
Senate	Primary	General		7	 		
President State: District:	Other (spe	ecify) \blacktriangledown		Memo If	tem		
State: District: Full Name (Last, First, Middle Initial)							
B. Rebuild Maine				Date of Disk	pursement		
				M M / D D / Y Y Y Y			
Mailing Address 35 Community Drive				10	18 2016		
City	State	Zip Code					
Augusta	ME	04330		FEC Identific	cation Number		
Purpose of Disbursement				C			
Donation Candidate Name					tion ID : D849729		
Candidate Name			Category/ Type	Amount of E	Each Disbursement this Period		
Office Sought: House Disburse	ment For:		rype		15000.00		
Senate	Primary	General		7	4 4		
President	Other (spe	ecify)		Memo It	tem		
State: District:							
Full Name (Last, First, Middle Initial) C. Southwest Voter Registration Educ	ootion D	roioot		Date of Disk	pursement		
C. Southwest Voter Registration Edu	callOH P	roject		M M /			
Mailing Address 320 El Paso St				10	18 2016		
City	State	Zip Code					
City San Antonio	TX	78207-5000		FEC Identific	cation Number		
Purpose of Disbursement				C			
Donaion					ction ID : D849728		
Candidate Name			Category/ Type	Amount of E	Each Disbursement this Period		
Office Sought: House Disburse	ment For:		туре		25000.00		
Senate	Primary				4- 4-		
President	Other (spe	ecify) \blacktriangledown		Memo It	tem		
State: District:							
SUPTOTAL of Dishuraemente This Dage (antisant)					65000.00		
SUBTOTAL of Disbursements This Page (optional).			·····		4- 4-		
TOTAL This Period (last page this line number only	')			1			

S П

SCHED	ULE B (FEC Form 3X)			FOR LINE	NE NUMBER: PAGE 12 OF 15				
	ED DISBURSEMENTS		arate schedule(s) category of the		check only one)				
			Summary Page	21b					
				28a					
					son for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME	OF COMMITTEE (In Full)								
	onal Nurses United for Patient	Protecti	on						
	me (Last, First, Middle Initial)				Data of Bishamous				
	Minnesota				Date of Disbursement				
	Address 1600 University Ave W Ste 401C				10 19 2016				
City Saint P		State MN	Zip Code 55104-3898		FEC Identification Number				
	e of Disbursement	IVIIV	33104-3898		C				
Donati				1 1	Transaction ID : D849730				
Candid	ate Name			Category/	Amount of Each Disbursement this Period				
Office \$	Sought: House Disburse	ment For:		Туре	25000.00				
Office	Senate Dispurse	Primary	General		20000.00				
	President	Other (spec			Memo Item				
State:	District:	1			Wello itelli				
	me (Last, First, Middle Initial)								
B.					Date of Disbursement				
Mailing	Address				M M / D D / Y Y Y Y				
City		State	Zip Code		FEC Identification Number				
Purpos	e of Disbursement				С				
					O				
Candida	ate Name			Category/	Amount of Each Disbursement this Period				
Office S	Pought: House Dishurse	ment For:		Туре					
Office	Sought: House Disburse Senate	Primary	General		7 7 7				
	President	Other (spec			Memo Item				
State:	District:	l			Wemo item				
	me (Last, First, Middle Initial)				Date of Dishamanan				
C.					Date of Disbursement				
Mailing	Address				M M / D D / Y Y Y Y				
City		State	Zip Code		FEC Identification Number				
Purpos	e of Disbursement				C				
Candida	ate Name	Amount of Each Disbursement this Period							
Office S	· H	ment For:							
	Senate	Primary Other (spec	General						
State:	President District:	Memo Item							
Oldio.	2.53.100								
SUBTOT	AL of Disbursements This Page (optional)			·····•	25000.00				
				·	140000.00				
TOTAL T	his Period (last page this line number only	')			140000.00				

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

15

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Printing & Postage Campaign Workshop Mailing Address 1129 20th Street, Suite 200 State Zip Code Washington DC 20036 Transaction ID: D821566 Outstanding Balance Beginning This Period 25000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 25000.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)..... 0.00 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITO	IRES			PAGE 14 OF 15 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patier	nt Protection			C C00490375
Check if 24-hour report 48-hour report	nt New rep	oort Amends repo	ort filed o	on M M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Direct Opportunities Group, LLC				10 18 2016
Mailing Address 228 Park Avenue South 288	22			Amount
City	State	Zip Code		25000.00
New York	NY	10003		Transaction ID : D821657 Date of Disbursement or Obligation
Purpose of Expenditure Digital ad buy & production costs		Category/ Type		10 17 2016
Name of Federal Candidate:		✗ Support	Office	Sought: K House District: 25
CAFORIO, BRYAN, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	25000.00	Disbur 2016	sement For: Primary
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Direct Opportunities Group, LLC				10 18 2016
Mailing Address 228 Park Avenue South 288	322			Amount
City	State	Zip Code		25000.00
New York	NY	10003		Transaction ID : D821658 Date of Disbursement or Obligation
Purpose of Expenditure Digital ad buy & production costs		Category/ Type		10 17 2016
Name of Federal Candidate:		x Support	Office	Sought: X House District: 02
CAIN, EMILY, , ,		Oppose		President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		25000.00	Disbur 2016	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		. •	50000.00
(a) SUBTOTAL of Unitemized Independent Exp	enditures		. •	
(a) TOTAL Independent Expenditures			.	
(a) TOTAL independent Expenditures			. •	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any oparty committee) any political party committee	andidate or authorized			
Kuhl, Martha, , ,	[Electronically Fi	iled] Date	e 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			· · · · ·	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMPER MADE ENDERN EXILENDITORED				FOR LINE 24 OF FORM 2V		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
National Nurses United for Patient Protection Fec IDENTIFICATION NUMBER ▼						
Tradional Trailors Office for Fation (Fre	7.00ti011			C C00490375		
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y		
Full Name of Payee Direct Opportunities Group, LLC	Item	Date of Public Distribution/Dissemination				
				10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 228 Park Avenue South 28822				Amount		
City	State	Zip Code		25000.00		
New York	NY	10003		Transaction ID : D821659 Date of Disbursement or Obligation		
Purpose of Expenditure Digital ad buy & production costs		Category/ Type		10 17 2016		
Name of Federal Candidate:		X Support	Office	e Sought: House District: 02		
CRAIG, ANGELA, DAWN, ,		Oppose		President Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought		25000.00	Disbu 2016	orsement For:		
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination		
Direct Opportunities Group, LLC				10 18 2016		
Mailing Address 228 Park Avenue South 28822				Amount		
				Amount		
City	State	Zip Code		25000.00		
New York	NY	10003		Transaction ID : D821660 Date of Disbursement or Obligation		
Purpose of Expenditure Digital ad buy & production costs		Category/ Type		10 17 7 2016		
Name of Federal Candidate:		x Support	Office	e Sought: House District: 19		
TEACHOUT, ZEPHYR, , ,		Oppose		President Senate State: NY		
Calendar Year-To-Date		25000.00	Disbu 2016	rrsement For: Primary 🕱 General		
Per Election for Office Sought	7 7		2016	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			•	50000.00		
(a) SUBTOTAL of Unitemized Independent Expenditur	es		•			
(a) TOTAL Independent Expenditures			▶	100000.00		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized					
Kuhl, Martha, , ,	Electronically File	ed]	M	0 27 2016		
Signature		_ Dat	e 1	0 27 2010		